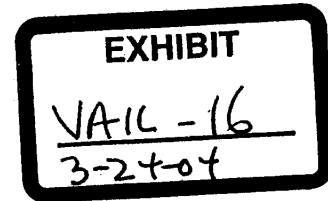


## **EXHIBITS U - Z**

**EXHIBIT U**

Kenneth T. Vail  
4513 Greenfield Road  
Bethlehem PA 18017  
610.868.8061 – home  
484.433.2577 – cell  
[Kenmtb1@msn.com](mailto:Kenmtb1@msn.com)  
[Kvail@harleysvillegroup.com](mailto:Kvail@harleysvillegroup.com)  
June 26, 2000

J. Spence Reid, MD.  
Orthopaedics and Rehabilitation  
PennState Geisinger Health System – HMC  
Via Fax 717.531.7583 – 2 pages total



RE: **Disability Record Form**  
Admitted 06/02/2000, Discharged 06/10/2000  
MR # 1072398, Trauma # 362142

Dear Dr. Reid:

Attached is a Disability Record Form that my employer, Harleysville Insurance Companies, instructed me to send to you for information about my injury and disability. Please fax the completed form to Jenny Hill Ludwig, Occupational Health Nurse, at 215.256.5602 (ASAP) by July 7, 2000.

I am a Regional Loss Control Manager for Harleysville. This position normally involves office work (sitting, walking, standing, carrying laptop PC bag & briefcase) and field travel (driving company car) to client locations (various commercial business operations) to observe & coach my staff of Loss Control Consultants. There is normally occasional overnight travel required.

My boss, Gary Weinstein, VP of Loss Control & Premium Audit, approved me to temporarily work from home, on a flexible schedule, in my residential office. I started this on June 19, 2000. This work involves using a personal computer and the phone. This arrangement is working OK, provided that I take frequent enough breaks throughout the day as needed.

I would appreciate actively returning to work by August 28, 2000, provided that it is safe to do so. I am scheduled to be presenter/speaker at an off-site professional development conference for Harleysville during that week, at the Holiday Inn in Grantville PA (relatively near HMC). This will involve overnight travel for me.

I would appreciate a call if you have ANY questions about the scope of my normal or temporary duties. My contact info is shown above. ***Thanks again for the excellent treatment that you and your staff have provided to me. I really appreciate it. I am following your advice and I look forward to an effective recovery.*** My next appointment to see you is scheduled for July 19, 2000 at HMC. Thanks again.

Sincerely,

A handwritten signature in black ink, appearing to read "K. T. Vail". The signature is fluid and cursive, with a large loop at the end.

Kenneth T. Vail



The Harleysville Insurance Companies

**DISABILITY RECORD**

DATE: 6/22/00

Received 06-24-2000 KTV

Please return this form by 7/7/00 to Jenny Hill, Occupational Health Nurse, or Fax to: 215-256-5602

DL REID

**SECTION 1 (IMPORTANT: The following authorization must be completed by the patient.)**

To all physicians concerning the disability described in Section II and other agencies: You are authorized to permit The Harleysville Insurance Companies to obtain or view information pertaining to the examination, treatment, history and prescriptions of:

Name of Patient: KENNETH VAIL

Date of Birth: 11-16-1957

Patient's Signature:

Date: 06-26-2000

**INSTRUCTIONS TO PHYSICIAN:** The employee named in Section I has been under your care. Please complete this form and mail to Harleysville Insurance Companies, 355 Maple Avenue, Harleysville, PA 19438.

**SECTION II: ATTENDING PHYSICIAN'S STATEMENT**

Patient's Name: \_\_\_\_\_

Nature of illness or injury (describe any complications) \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Is this condition related to an automobile accident? Yes ☐ No ☐ If Yes, date of accident: \_\_\_\_\_Is this condition work-related? Yes ☐ No ☐ If Yes, explain: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Studies Ordered: \_\_\_\_\_

Treatment Provided: \_\_\_\_\_

Follow-up Provided: \_\_\_\_\_

Referral: \_\_\_\_\_

The patient has been continuously disabled (unable to perform job duties) from \_\_\_\_\_ through \_\_\_\_\_

☐ May return to work – with no restrictions on \_\_\_\_\_☐ May return to work with the following restrictions:

Light-Duty Work on \_\_\_\_\_ (explain below)

Reduced Work Week on \_\_\_\_\_ (explain below)

REMARKS: \_\_\_\_\_

**NOTE TO PHYSICIAN:** We encourage early return to work following disability through a light-duty and/or reduced work program. We may contact you shortly for your input.

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PLEASE PRINT

Signed \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## **EXHIBIT V**



The Harleysville Insurance Companies

**DISABILITY RECORD**DATE: 6/22/00 RECEIVED 06-24-2000 KTV→ Please return this form by: 7/7/00 to Jenny Hill, Occupational Health Nurse, or Fax to: 215-256-5602 DL REID**SECTION I (IMPORTANT: The following authorization must be completed by the patient.)**

To all physicians concerning the disability described in Section II and other agencies: You are authorized to permit The Harleysville Insurance Companies to obtain or view information pertaining to the examination, treatment, history and prescriptions of:

Name of Patient: KENNETH VAILDate of Birth: 11-16-1957Patient's Signature: [Signature]Date: 06-26-2000

INSTRUCTIONS TO PHYSICIAN: The employee named in Section I has been under your care. Please complete this form and mail to Harleysville Insurance Companies, 355 Maple Avenue, Harleysville, PA 19438.

**SECTION II: ATTENDING PHYSICIAN'S STATEMENT**Patient's Name: Kenneth VailNature of illness or injury (describe any complications): Gunshot wound to R groin withDiagnosis Code: K08.00 Acromioclavicular proximal femur fxIs this condition related to an automobile accident? Yes ☐ No ☒ If Yes, date of accident: \_\_\_\_\_Is this condition work-related? Yes ☐ No ☒ If Yes, explain: \_\_\_\_\_Prognosis: good

Studies Ordered: \_\_\_\_\_

Treatment Provided: ORIF of Acromioclavicular / I & D of Bullet TractFollow-up Provided: W 2100Referral: N/AThe patient has been continuously disabled (unable to perform job duties) from 6-2-00 throughPresent☐ May return to work - with no restrictions on \_\_\_\_\_☐ May return to work with the following restrictions:

Light-Duty Work on \_\_\_\_\_ (explain below)

Reduced Work Week on \_\_\_\_\_ (explain below)

**REMARKS:** \_\_\_\_\_**NOTE TO PHYSICIAN:** We encourage early return to work following disability through a light-duty and/or reduced work program. We may contact you shortly for your input.DATE 7/6/00NAME J. Spence Reid, MDSigned [Signature]Address PO Box 850Monroeville, PA 15146Phone 717-531-4800**EXHIBIT**VAIL-17  
3-24-04 [Signature]

**EXHIBIT W**

**Weinstein, Gary**

---

**From:** Vail, Kenneth  
**Sent:** Thursday, August 10, 2000 12:40 PM  
**To:** Weinstein, Gary  
**Subject:** Ken's Return to Office - Aug 21, 2000

Gary  
My Dr. approved me to return to the office on August 21, 2000. I am to use 1 crutch to walk, until my next Dr. visit. My next medical evaluation is scheduled for September 6, 2000. Until then, I'm restricted from putting full body weight on my trauma leg. I can walk with a crutch, sit, & stand, & I'm restricted to lifting a max of 30 lbs. Please let me know if any arrangements need to be made with Building Services for phone/PC connections, or for office furniture. Thanks.  
Ken

**EXHIBIT X**



PennState Geisinger

Health System

Case 2:02-cv-02933-JKG Document 21-11

P.O. Box 850 Hershey, PA 17033-0850

Phone: (717) 531-8521

Filed 07/15/2004 Page 10 of 39

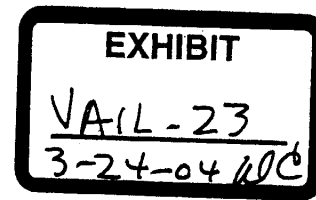
PCS 22 7/97

NAME Ken Vail HT. \_\_\_\_\_ WT. \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE 8/3/00  
PATIENT NO. \_\_\_\_\_

☒ R

May Return to  
work on 8/21/00.

Label All Prescriptions  
Refill \_\_\_\_\_ Times \_\_\_\_\_



J. Spence Reid, M.D.

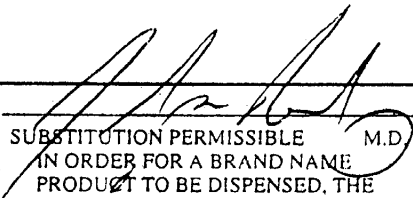
NAME (Please Print)

M.D./D.O.

MD 038406 E

LICENSE

D.E.A. REG. NO.

  
SUBSTITUTION PERMISSIBLE M.D./D.O.  
IN ORDER FOR A BRAND NAME  
PRODUCT TO BE DISPENSED, THE  
PRESCRIBER MUST HANDWRITE "BRAND  
NECESSARY" OR "BRAND MEDICALLY  
NECESSARY" IN THE SPACE BELOW.

VAIL 129

**EXHIBIT**VAIL-24  
3-24-04 *ROC*

PENNSTATE

The Milton S. Hershey Medical Center  
The College of Medicine

P.O. Box 850, Hershey, PA 17033-0850

Phone: (717) 531-8521

PCS 22 6/00

NAME Kenneth Vail HT \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE 8/9/00  
 PATIENT NO. \_\_\_\_\_

Label All Prescriptions  
Refill Times

*Dx may RTW on  
 8/21/00 may not carry any objects  
 > 50lbs. until further notice*

**J. Spence Reid, M.D.**

NAME (Please Print)

M.D./D.O.

**MD 038406 E**

LICENSE

D.E.A. REG. NO.

*[Signature]*  
 SUBSTITUTION PERMISSIBLE M.D./D.O.  
 IN ORDER FOR A BRAND NAME  
 PRODUCT TO BE DISPENSED, THE  
 PRESCRIBER MUST HANDWRITE "BRAND  
 NECESSARY" OR "BRAND MEDICALLY  
 NECESSARY" IN THE SPACE BELOW.

VAIL 392

**EXHIBIT Y**

4382142

**BLANK**  **ROME** LLP  
COUNSELORS AT LAW

Phone: (215) 569-5584  
Fax: (215) 832-5594  
Email: reid@blankrome.com

April 9, 2004

**VIA FEDERAL EXPRESS**

J. Spence Reid, M.D.  
Assistant Professor  
Penn State-Hershey Medical Center  
500 University Drive  
Hershey, PA 17033

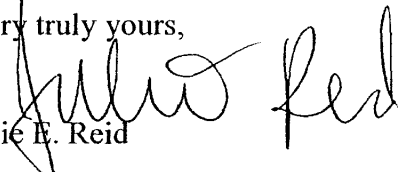
**Re: Kenneth T. Vail v. Harleysville Group, Inc.**  
**Civil Action No. 02CV2933**

Dear Dr. Reid:

Please be advised that this office represents the Defendant in the above-referenced matter. Enclosed is a signed authorization by Kenneth T. Vail and a subpoena requiring you to produce records on Wednesday, April 21, 2004. The subpoena seeks copies of any and all records relating to Kenneth T. Vail, date of birth, November 16, 1957, Social Security No. 174-52-6320. A personal appearance will not be necessary if you provide us, no later than Wednesday, April 21, 2004, with copies of these records. The records should be sent to my attention at Blank Rome LLP, One Logan Square, Philadelphia, PA 19103. We apologize for burdening you with this request, but it is necessary to defend against the claims brought by Mr. Vail.

Thank you for your attention to this matter. Please advise us of any costs associated with this request, and we will promptly reimburse you. If you have any questions regarding compliance with this subpoena, please do not hesitate to contact me.

Very truly yours,

  
Julie E. Reid

JER/vc

Enclosure

cc: Donald P. Russo, Esquire

One Logan Square 18th &amp; Cherry Streets Philadelphia, PA 19103-6998

www.BlankRome.com

Issued by the  
**UNITED STATES DISTRICT COURT**  
**MIDDLE DISTRICT OF PENNSYLVANIA**

Kenneth T. Vail,	:	SUBPOENA IN A CIVIL CASE
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
Harleysville Group, Inc.,	:	
	:	
Defendants.	:	Civil Action No. <sup>1</sup> 02-CV-2933
		(Eastern District of Pennsylvania)

TO: J. Spence Reid, M.D., Assistant Professor, Penn State-Hershey Medical Center,  
 500 University Drive, Hershey, PA 17033

☐ **YOU ARE COMMANDED to appear in the United States District Court at the place, date and time specified below to testify in the above case.**

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☒ **YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.**

PLACE OF DEPOSITION:

McNees, Wallace & Nurick, LLC  
 100 Pine Street  
 Harrisburg, PA 17101

DATE AND TIME:

Wednesday, April 21, 2004 – 10:00 a.m.

☒ **YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):**

All records relating to Kenneth T. Vail, Date of birth November 16, 1957,  
 Social Security No. 174-52-6320

PLACE

McNees, Wallace & Nurick, LLC  
 100 Pine Street  
 Harrisburg, PA 17101

DATE AND TIME

Wednesday, April 21, 2004 – 10:00 a.m.

☐ **YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.**

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE:

*Julie Reid*, Attorney for Defendant

DATE:

April 9, 2004

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

Julie E. Reid, Esquire, Blank Rome LLP, One Logan Square, Philadelphia, PA 19103  
 (215-569-5584)

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

<sup>1</sup> If action is pending in district other than district of issuance, state district under case number.

RECEIVED 3-19-2004

UN

**Authorization to Use and/or Disclose Health Information**

1. **Patient.** I, Kenneth T. Vail, date of birth November 16, 1957, Social Security No. 7452-6326, authorize Dr. J. Spence Reid and his personnel to use or disclose health information as described in this form.
2. **Identity of Person Authorized to Receive this Information.**  
Dr. J. Spence Reid may disclose (give) my health information identified below to Blank Rome LLP, One Logan Square, Philadelphia, PA 19103.
3. **Description of Reason For Disclosure.** Blank Rome LLP may use or disclose my health information for the following purpose(s):  
( ) At request of patient [No description required]  
( XX ) Other: Please describe purpose in response to subpoena in litigation
4. **Description of Information to be Used or Disclosed.** I authorize the use or disclosure of the following health information and/or records:  
My complete medical file, including records relating to treatment received, doctor's notes, and history of prescriptions.

\*The following items must be initialed to be included in the use or disclosure of these types of health information:

- X \*HIV/AIDS related health information and/or records  
X \*Mental health information and/or records  
X \*Genetic testing information and/or records  
X \*Drug/alcohol diagnosis, treatment, and/or referral information

Pennsylvania law restricts the purposes for which disclosures may be made. Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the redisclosure of such information.

5. **Expiration.** This authorization expires upon the following date or event: 90 DAYS from date signed (NINETY) DAYS

6. Notice To Patient

- a. You may revoke this authorization at any time except to the extent Dr. J. Spence Reid has taken action in reliance upon this authorization.
- b. You may refuse to sign this authorization. You do not need to sign this authorization to receive services from Dr. J. Spence Reid . If you refuse to sign this authorization, you will not be denied any treatment or benefits to which you were otherwise entitled.
- c. Once your information is disclosed pursuant to this authorization, it may no longer be protected by Federal privacy law, and the person or organization that receives your information may have the legal right to disclose the information to other people or organizations without your knowledge or consent.

  
Signature Patient or Personal Representative

03-31-2004  
Date

\_\_\_\_\_  
Print Name of Personal Representative  
(if applicable)

\_\_\_\_\_  
Relationship of Personal Representative  
to Patient

If this authorization is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

\_\_\_\_\_

The patient will be provided with one copy of this form.

#0362142

IP 6-10-00

1072398

BLANK  ROME LLP  
COUNSELORS AT LAW

Phone: (215) 569-5584  
Fax: (215) 832-5594  
Email: reid@blankrome.com

April 12, 2004

**VIA FEDERAL EXPRESS**

Charles Davis, M.D.  
Assistant Professor  
Penn State-Hershey Medical Center  
500 University Drive  
Hershey, PA 17033

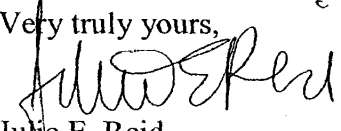
**Re: Kenneth T. Vail v. Harleysville Group, Inc.**  
**Civil Action No. 02CV2933**

Dear Dr. Davis

Please be advised that this office represents the Defendant in the above-referenced matter. Enclosed is a copy of the signed authorization by Kenneth T. Vail, the original of which was sent to you by letter dated April 9, 2004, and a REVISED subpoena requiring you to produce records on Wednesday, April 21, 2004. The subpoena seeks copies of any and all records relating to Kenneth T. Vail, date of birth, November 16, 1957, Social Security No. 174-52-6320. A personal appearance will not be necessary if you provide us, no later than Wednesday, April 21, 2004, with copies of these records. The records should be sent to my attention at Blank Rome LLP, One Logan Square, Philadelphia, PA 19103. We apologize for burdening you with this request, but it is necessary to defend against the claims brought by Mr. Vail.

Thank you for your attention to this matter. Please advise us of any costs associated with this request, and we will promptly reimburse you. If you have any questions regarding compliance with this subpoena, please do not hesitate to contact me.

Very truly yours,

  
Julie E. Reid

JER/nc  
Enclosure  
cc: Donald P. Russo, Esquire

One Logan Square 18th & Cherry Streets Philadelphia, PA 19103-6998  
www.BlankRome.com

Issued by the  
**UNITED STATES DISTRICT COURT**  
**EASTERN DISTRICT OF PENNSYLVANIA**

Kenneth T. Vail,	:	SUBPOENA IN A CIVIL CASE
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
Harleysville Group, Inc.,	:	
	:	
Defendants.	:	Civil Action No. <sup>1</sup> 02-CV-2933
		(Eastern District of Pennsylvania)

TO: Charles Davis, M.D., Assistant Professor, Penn State-Hershey Medical Center,  
500 University Drive, Hershey, PA 17033

☐ **YOU ARE COMMANDED to appear in the United States District Court at the place, date and time specified below to testify in the above case.**

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☒ **YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.**

PLACE OF DEPOSITION:

**Blank Rome LLP  
One Logan Square  
Philadelphia, PA 19103**

DATE AND TIME:

**Wednesday, April 21, 2004 – 10:00 a.m.**

☒ **YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):**

**All records relating to Kenneth T. Vail, Date of birth November 16, 1957,  
Social Security No. 174-52-6320**

PLACE

**Blank Rome LLP  
One Logan Square  
Philadelphia, PA 19103**

DATE AND TIME

**Wednesday, April 21, 2004 – 10:00 a.m.**

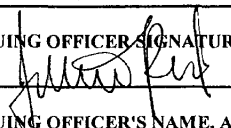
☐ **YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.**

PREMISES

DATE AND TIME

**Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).**

ISSUING OFFICER'S SIGNATURE AND TITLE:

 , Attorney for Defendant

DATE:

**April 12, 2004**

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

**Julie E. Reid, Esquire, Blank Rome LLP, One Logan Square, Philadelphia, PA 19103  
(215-569-5584)**

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

1. If action is pending in district other than district of issuance, state district under case number.

Received 3-19-2004  
KTV

### Authorization to Use and/or Disclose Health Information

1. **Patient.** I, Kenneth T. Vail, date of birth November 16, 1957, Social Security No. 174-52-6326, authorize Dr. Charles Davis and his personnel to use or disclose health information as described in this form.
2. **Identity of Person Authorized to Receive this Information.**  
Dr. Charles Davis may disclose (give) my health information identified below to Blank Rome LLP, One Logan Square, Philadelphia, PA 19103.
3. **Description of Reason For Disclosure.** Blank Rome LLP may use or disclose my health information for the following purpose(s):  
( ) At request of patient [No description required]  
( XX ) Other: Please describe purpose in response to subpoena in litigation
4. **Description of Information to be Used or Disclosed.** I authorize the use or disclosure of the following health information and/or records:  
My complete medical file, including records relating to treatment received, doctor's notes, and history of prescriptions.

\*The following items must be initialed to be included in the use or disclosure of these types of health information:

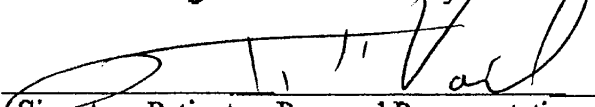
- X \*HIV/AIDS related health information and/or records  
X \*Mental health information and/or records  
X \*Genetic testing information and/or records  
X \*Drug/alcohol diagnosis, treatment, and/or referral information

Pennsylvania law restricts the purposes for which disclosures may be made. Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the redisclosure of such information.

5. **Expiration.** This authorization expires upon the following date or event: 90 DAYS - KTV  
one year from  
date signed (NINETEEN)  
DAYS

**6. Notice To Patient**

- a. You may revoke this authorization at any time except to the extent Dr. Charles Davis has taken action in reliance upon this authorization.
- b. You may refuse to sign this authorization. You do not need to sign this authorization to receive services from Dr. Charles Davis. If you refuse to sign this authorization, you will not be denied any treatment or benefits to which you were otherwise entitled.
- c. Once your information is disclosed pursuant to this authorization, it may no longer be protected by Federal privacy law, and the person or organization that receives your information may have the legal right to disclose the information to other people or organizations without your knowledge or consent.

  
\_\_\_\_\_  
Signature Patient or Personal Representative

03-31-2004  
\_\_\_\_\_  
Date

N/A  
\_\_\_\_\_  
Print Name of Personal Representative  
(if applicable)

\_\_\_\_\_  
Relationship of Personal Representative  
to Patient

If this authorization is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

\_\_\_\_\_  
The patient will be provided with one copy of this form.

PENNSYLVANIA



Milton S. Hershey Medical Center  
College of Medicine

Milton S. Hershey Medical Center  
R.O.I. Mail Code HU24  
P.O. Box 850  
Hershey, PA 17033  
717-531-8059

Dear

Sulie E. Reid

This letter is to inform you that the medical records you requested on HMC  
patient Kenneth T. Vail, regarding the treatment of Dr(s) Davis &  
Reid, and those of the ~~Milton S. Hershey Medical Center~~ are one in  
the same. Only one subpoena was needed to process your request. Should you have any  
questions, please call the Release of Information staff at 717-531-8059.

Maria M 4-15-04

Signature

Date

DATE 11-10-01 PATIENT'S NAME Vail, Kenneth MEDICAL RECORD NO. 1072398

42 y/o male 6 mo. s/p revision open reduction & internal fixation of (R) subtrochanteric femur fr. 2° to gunshot wound

S: slight limp, able to walk unlimited amt., unable to run, slight weakness pain improved, esp. where muscles separated to do surgery - occasional ibuprofen 40 weakness esp. w/ ext./abd. movements, isolated movements normal strength

② less Flexion 90°, Extension 45°  
FLEX/EXT/ABD/ADD 5/5 strength

A: 42 y/o male 5 mo. s/p revision open reduction/int. fixation of (R) subtrochanteric femur fr.

P: cont. w/ PT to progress pt. to being able to run

RAG  
RAG CMUO  
MS III

Doing very well  
continuing P.T. hip  
RTL 3 mo = ~~flex~~ x-rays

SEND ORIGINAL  
TO MEDICAL RECORDS

PennState Geisinger  
Health System  
PROGRESS NOTES

DATE 1-10-01 PATIENT'S NAME Vail, Kenneth MEDICAL RECORD NO. 1072398

7 months s/p (R) subtrochanteric femur fr. - RIF  
pt c/o only minor residual pain/stiffness. pt able to walk,  
bend, and back. and ~~run~~ run  
hip. full flex/rot/abd/add/except mt. / minor ↓ int rot.  
5/5 str.

Insertion site still tender.  
X-rays. Bone well aligned, appears to be healed  
Naproxen for pain.  
F/U in June 2001

X-rays. healed - look, spread.

SEND ORIGINAL  
TO MEDICAL RECORDS

The Milton S. Hershey Medical Center  
The College of Medicine  
PROGRESS NOTES

DATE 6-10-01 PATIENT'S NAME Vail, Kenneth MEDICAL RECORD NO. 1072398

7 mo s/p O.R.I.F. Same pain @  
fracture burst 1/5.

(R)

flexion 130°  
ext. rot. 65°  
int. rot. 30° of some  
discomfort

abduction 60°

Ac 1-2 as tol

(L)

ext. rot 40°  
int. rot 40°

d.i.f

RTL Rgn  
/W

SEND ORIGINAL  
TO MEDICAL RECORDS

PennState Geisinger  
Milton S. Hershey Medical Center  
College of Medicine  
PROGRESS NOTES

PennState Geisinger  
Health System  
PROGRESS NOTES

SEND ORIGINAL  
TO MEDICAL RECORDS  
PH-1878 (REV 7/97) VERA

PennState Geisinger  
The Milton S. Hershey Medical Center  
The College of Medicine  
PROGRESS NOTES

SEND ORIGINAL  
TO MEDICAL RECORDS

PennState Geisinger  
Milton S. Hershey Medical Center  
College of Medicine  
PROGRESS NOTES

SEND ORIGINAL  
TO MEDICAL RECORDS  
PH-1878 (REV 7/97) VERA

PENNSTATE



The Milton S. Hershey Medical Center  
The College of Medicine

PROGRESS REPORT

Date/Time | PROGRESS NOTES: (Include Name, Title)

DATE

9-15-00 Vail, Kenneth

PATIENT'S NAME

MEDICAL RECORD NO.

1072398

PennState Geisinger  
Health System  
PROGRESS NOTES

Sp 65W to 21F - Sustained 21F

FX - ORIF on 6/2/2000 @ revision on 6/5/2000

Feeling much better - Back to work  
as a manager - on feet using 1 crutch  
No therapy - NO pain meds @ job

18:00 Good ROM

X-ray - healing well

doing  
very  
well

21F hip full ROM

Sign of rotation

tend @ hip bursa - Numb IF not better may need to inject

A/P ADDuctor strength with Physio - be

CAME big distance

within short distance

No xrays @ next visit RTC -> 1 month

SEND ORIGINAL  
TO MEDICAL RECORDS  
PH-18789 (REV 7/97) VERA

PennState Geisinger  
Health System  
PROGRESS NOTES

SEND ORIGINAL  
TO MEDICAL RECORDS

DATE 6/21/00 PATIENT'S NAME Vail, Kenneth MEDICAL RECORD NO. 1072398

SEND ORIGINAL  
TO MEDICAL RECORDS

2 weeks slip gunshot wound @ hip

PE: medially intact  
superficial de'd  
NVS  
short steps walked

doing well  
/

7/ A & PROM hip  
- Active  
- Respiration  
- sensation  
- movement of hip  
- no swelling

DATE 7/19/00 PATIENT'S NAME Vail, Kenneth MEDICAL RECORD NO. 1072398

DOB - 6/5/00

45 y/o @ slip @ intertrochanteric fx 6 wk  
ORIF 6/5/00

2° gunshot wound. It has been DE NWS. Pt doing well.

PE: inc well-healed  
distally NVS

X-rays: AP lat @ hip - fixation intact, healing well

ALP Begin active abduction  
My start stationary bike  
50% WB @ LC

SEND ORIGINAL  
TO MEDICAL RECORDS

PennState Geisinger  
Health System  
PROGRESS NOTES

DATE 8/9/00 PATIENT'S NAME Vail, Kenneth MEDICAL RECORD NO. 1072398

8 1/2 weeks slip GSW @ hip.

Incision all CDT.

minimal pain.

RTC 3 wks  
E hip xray

Xray, stable position -  
some healing

ALP Ambulate & Trench  
my RTW 8/21  
Orin 8/21

SEND ORIGINAL  
TO MEDICAL RECORDS

PennState Geisinger  
Health System  
PROGRESS NOTES

PennState Geisinger  
Health System  
PROGRESS NOTES

SEND ORIGINAL  
MEDICAL RECORDS  
PH-1-8789 (REV 7/97) VER-A

**EXHIBIT Z**

240792

BLANK  ROME LLP  
COUNSELORS AT LAW

REC'D APR 20 2004

Phone (215) 569-5584  
Fax (215) 832-5594  
Email reid@blankrome.com

April 9, 2004

**VIA FEDERAL EXPRESS**

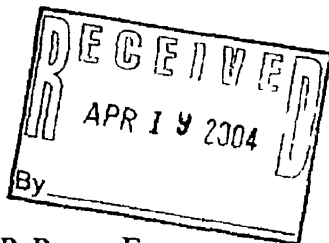
Brian Boyle  
and/or Muhlenberg Hospital Center-Point North  
2545 Schoenersville Road  
Bethlehem, PA 18018

**Re: Kenneth T. Vail v. Harleysville Group, Inc.  
Civil Action No. 02CV2933**

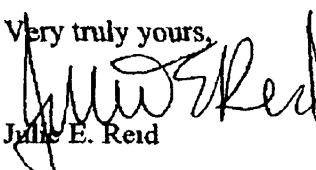
Dear Sir or Madam:

Please be advised that this office represents the Defendant in the above-referenced matter. Enclosed is a signed authorization by Kenneth T. Vail and a subpoena requiring you to produce records on Wednesday, April 21, 2004. The subpoena seeks copies of any and all records relating to Kenneth T. Vail, date of birth, November 16, 1957, Social Security No. 174-52-6320. A personal appearance will not be necessary if you provide us, no later than Wednesday, April 21, 2004, with copies of these records. The records should be sent to my attention at Blank Rome LLP, One Logan Square, Philadelphia, PA 19103. We apologize for burdening you with this request, but it is necessary to defend against the claims brought by Mr. Vail.

Thank you for your attention to this matter. Please advise us of any costs associated with this request, and we will promptly reimburse you. If you have any questions regarding compliance with this subpoena, please do not hesitate to contact me.



Very truly yours,

  
Julie E. Reid

JER/vc  
Enclosure  
cc: Donald P. Russo, Esquire



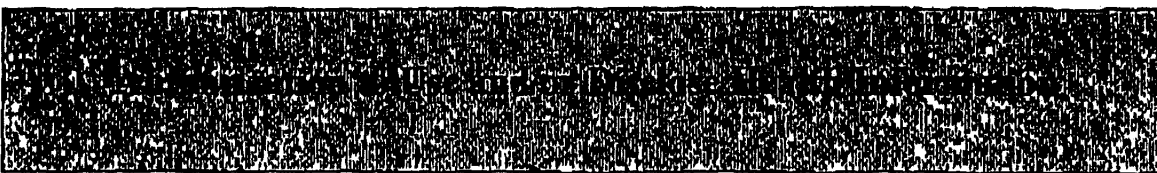
448 Correspondence Attorney

One Logan Square 18th & Cherry Streets Philadelphia, PA 19103-6998  
www.BlankRome.com

CHARTONE

4-19-04  
Date Request #  
Pages  
Assoc  
non pre cnc cert  
pat std ats comp  
spo log p/u scan

Received 3-19-2004  
VIN



1. **Patient.** I, Kenneth T. Vail, date of birth November 16, 1957, Social Security No. 174-52-6320, authorize Brian Boyle, PT and his personnel to use or disclose health information as described in this form.
2. **Identity of Person Authorized to Receive this Information**  
Brian Boyle, PT may disclose (give) my health information identified below to Blank Rome LLP, One Logan Square, Philadelphia, PA 19103.
3. **Description of Reason For Disclosure.** Blank Rome LLP may use or disclose my health information for the following purpose(s):  
( ) At request of patient [No description required]  
(XX) Other Please describe purpose in response to subpoena in litigation
4. **Description of Information to be Used or Disclosed.** I authorize the use or disclosure of the following health information and/or records:  
My complete medical file, including records relating to treatment received, doctor's notes, and history of prescriptions.

\*The following items must be initialed to be included in the use or disclosure of these types of health information:

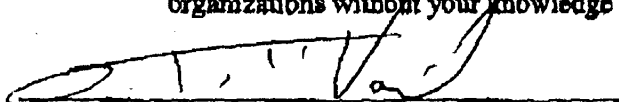
- X \*HIV/AIDS related health information and/or records  
X \*Mental health information and/or records  
X \*Genetic testing information and/or records  
X \*Drug/alcohol diagnosis, treatment, and/or referral information

Pennsylvania law restricts the purposes for which disclosures may be made. Federal regulations require a description of how much and what kind of information is to be disclosed. Federal law prohibits the redisclosure of such information.

5. **Expiration.** This authorization expires upon the following date or event. 90 DAYS from date signed - UTV  
(NINETY)  
DAYS

6. **Notice To Patient**

- a. You may revoke this authorization at any time except to the extent Brian Boyle, PT has taken action in reliance upon this authorization.
- b. You may refuse to sign this authorization. You do not need to sign this authorization to receive services from Brian Boyle, PT. If you refuse to sign this authorization, you will not be denied any treatment or benefits to which you were otherwise entitled.
- c. Once your information is disclosed pursuant to this authorization, it may no longer be protected by Federal privacy law, and the person or organization that receives your information may have the legal right to disclose the information to other people or organizations without your knowledge or consent.

  
 Signature Patient or Personal Representative

03-31-2004  
 Date

N/A  
 Print Name of Personal Representative  
 (if applicable)

Relationship of Personal Representative  
 to Patient

If this authorization is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

The patient will be provided with one copy of this form.

Issued by the  
**UNITED STATES DISTRICT COURT**  
**EASTERN DISTRICT OF PENNSYLVANIA**

Kenneth T. Vail,	:	SUBPOENA IN A CIVIL CASE
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
Harleysville Group, Inc.,	:	
	:	
Defendants.	:	Civil Action No. <sup>1</sup> 02-CV-2933

TO: Brian Boyle, PT and/or Muhlenberg Hospital Center- Point North  
 2545 Schoenersville Road, Bethlehem, PA 18018

☐ **YOU ARE COMMANDED to appear in the United States District Court at the place, date and time specified below to testify in the above case.**

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☒ **YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.**

PLACE OF DEPOSITION:

Blank Rome LLP, One Logan Square,  
 Philadelphia, PA 19103

DATE AND TIME:

Wednesday, April 21, 2004 – 10:00 a.m.

☒ **YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects):**

All records relating to Kenneth T. Vail, Date of birth November 16, 1957,  
 Social Security No. 174-52-6320

PLACE

Blank Rome LLP, One Logan Square  
 Philadelphia, PA 19103

DATE AND TIME

Wednesday, April 21, 2004 – 10:00 a.m.

☐ **YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.**

PREMISES

DATE AND TIME

**Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).**

ISSUING OFFICER'S SIGNATURE AND TITLE:

*Julie E. Reid* Attorney for Defendant

DATE:

April 9, 2004

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

Julie E. Reid, Esquire, Blank Rome LLP, One Logan Square, Philadelphia, PA 19103  
 (215-569-5584)

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

<sup>1</sup> If action is pending in district other than district of issuance, state district under case number.

*See other side*

## PROOF OF SERVICE

DATE :		PLACE :
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on \_\_\_\_\_  
(DATE)

SIGNATURE OF SERVER

ADDRESS OF SERVER

## Rule 45, Federal Rules of Civil Procedure, Parts C &amp; D:

## (c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party servicing the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides,

is employed or regularly transacts business in person, except that, subject to the provisions in clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or

(iv) subjects a person to undue burden.

## (B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce the documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications or things not produced that is sufficient to enable the demanding party to contest the claim.

12/06/2000 19:12

5108612595

POINTE NORTH

**MUHLENBERG  
HOSPITAL CENTER**

2145 Schoonerville Rd. • Berthlet, PA 18017-7304

DATE: 12/6/00☒ PHYSICAL ☐ OCCUPATIONAL ☐ SPEECH THERAPY☐ Muhlenberg Hospital Phone: 484-884-2251 Fax: 484-884-2917☐ Pointe North Clinic Phone: 484-884-4945 Fax: 484-884-2595**PROGRESS REPORT / RECERTIFICATION / DISCHARGE SUMMARY**

Patient Name	Account Number	Diagnosis	Medical Authorization Form
Vail, Kenneth	64567470	(R) hip fx	

Dear Dr. Rerd

The above patient has been receiving therapy at Muhlenberg Hospital Center's Outpatient Rehabilitation Department.

The treatment program has included: modalities, pro (HP, CP) compressive resistive exercise  
to increase strength and ROM, and written Home Exercise Programand has occurred from 9/19/00 to 11/24/00. Total # of Treatments: 16 Cancellations: 0 No Shows: 0Current work status: NA ☒ Full Duty ☐ Not Working ☐ Modified DutySUBJECTIVE / OBJECTIVE: Pt reports he has a pain (R) hip which he describes as a Burner.

ROM: (R) hip WNL all planes

Strength: Open chain MMT 5/5. Pt now only presents a Trendelenburg gait (R) LE

A single leg stance phase of jogging ~25% of running time.

Function: Pt has progressed to jogging 1/2 mile on soft surfaces. Pt is also performing sprints at ~70% of maximum velocity (6 repetitions of 50 yards)

Pt has been (R) x all ADL's. Pt also has returned to mountain biking.

GOALS	New [N]	Unmet [U]	Met [M]	Target Date
Pt will tolerate 5 min of easy jogging.			m	11/24/00
Pt will increase (R) hip flexion m. and (R) ET Bend Rom to WNL			m	11/24/00
Pt will be (E) E HEP (Home Exercise Program) and continue to attend program				Ongoing

ASSESSMENT: Mr. Vail is a 42 y.o. Wm w/a traumatic (R) hip fx. Pt has made

a significant amount of progress in his running. Pt has met all above outcomes.

PLAN OF CARE: Pt in agreement to Dis from PT and continued Fitness / running program

New Orders

Sincerely, B. J. Boyle or his chg (BRIAN J. BOYLE)

Therapist

Continue therapy for: \_\_\_\_\_

D/C ☐ Hold ☐**PHYSICIAN CERTIFICATION / RECERTIFICATION**

I have reviewed the plan of care and certify the need for the services described on the plan.

Physician Signature: [Signature]Date: 12/6/00

# MUHLENBERG HOSPITAL CENTER

1546 Schoenersville Rd. • Bethlehem, PA 18017-7384

DATE: 12/6/00☒ PHYSICAL ☐ OCCUPATIONAL ☐ SPEECH THERAPY☐ Muhlenberg Hospital Phone: 484-884-2251 Fax: 484-884-2917☒ Pocono North Clinic Phone: 484-884-4245 Fax: 484-884-2595

## PROGRESS REPORT / RECERTIFICATION / DISCHARGE SUMMARY

Patient Name	Account Number	Diagnosis	Medicare Recertification Period
Vail, Kenneth	64587470	(R) hip fx	to:

Dear Dr. Rerd

The above patient has been receiving therapy at Muhlenberg Hospital Center's Outpatient Rehabilitation Department.

The treatment program has included: modalities prn (HP CP) progressive resistive exercise  
to increase strength and Rom, and written Home Exercise Programand has occurred from 9/19/00 to 11/29/00. Total # of Treatments: 16 Cancellations: 0 No Shows: 0Current work status: N/A ☒ Full Duty ☐ Not Working ☐ Modified DutySUBJECTIVE / OBJECTIVE: Pt reports he has a pain (R) hip which he describes as a Bursitis.  
Rom: (R) hip WNL all planesStrength: Open chain mmt 5/5. Pt now only presents a Trendelenburg gait (R) LE  
a single leg stance phase of jogging ~25% of running time.Function: Pt has progressed to jogging 1/4 mile on soft surfaces. Pt is also performing  
sprints at ~70% of maximum velocity (6 repetitions of 50 yards)  
Pt. has been (X) in all ADL's. Pt also has returned to mountain biking.

### GOALS

	New [N]	Unmet [U]	Met [M]	Target Date
Pt will tolerate 5 min of easy jogging.			M	11/29/00
Pt will increase (R) hip flex m. and (R) IT Band Rom to WNL			M	11/29/00
Pt will be (X) in HEP (Home Exercise Program) and continue to fitness program				Ongoing

ASSESSMENT: Mr. Vail is a 42 y.o. Wm s/p traumatic (R) hip fx. Pt has made  
a significant amount of progress in his running. Pt has met all above outcomes.PLAN OF CARE: Pt in agreement to DIC from PT and continued fitness / running  
programSincerely, B. J. Boyle PT, MS, CSW (BRIAN J. BOYLE)  
Therapist

New Orders

Continue therapy for: \_\_\_\_\_ D/C \_\_\_\_\_ Hold \_\_\_\_\_

### PHYSICIAN CERTIFICATION / RECERTIFICATION

I have reviewed the plan of care and certify the need for the services described on the plan.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE:	PATIENT NAME: Vail, Kenneth	PATIENT I.D.# 64587470
11/27/00	<p>S: Pt states, "I noticed a slight improvement in my running today."</p> <p>O: Pt. started off with jogging 2 laps around parking lot ~ 1/4 mile then performed side shuffling 6 x 30 yards with green threshold followed by acceleration in the grass. Pt. ran 6 x 20 yards with no pain in his right thigh and increased speed this session. Pt. then was instructed in and performed the exercise as outlined in sheet (1) handside of chart. Pt. instructed to continue with HEP on own.</p> <p>Pt verbalized understanding.</p> <p>A: Pt with increased speed during acceleration. Tolerating all treatment well. 2 more sessions then d/c to fitness.</p> <p>P: Continue with PT for room 5 then (1) trip and pt in agreement for d/c — <i>B. J. Byrd, PT, M.S., C.S.M.</i></p>	
11/29/00	<p>S: Pt states, "I am running better today."</p> <p>O: Pt. started off with jogging in parking lot ~ 1/4 mile followed by sprinting 6 x 30 yards with increased stride length followed by jumping rope x 3 min followed by the exercise as outlined in sheet (1) handside of chart. Pt. given black threshold and written HEP on own.</p> <p>Pt demonstrated understanding.</p> <p>A: Pt continues to increase stride length and speed in running. Will d/c to next visit to make sure pt ok with HEP.</p> <p>P: Continue with PT for 1 session then d/c to fitness. Pt is in agreement — <i>B. J. Byrd, PT, M.S., C.S.M.</i></p>	
12/6/00	<p>Pt seen by PT for no charge visit to ensure pt ok with HEP. Pt demonstrated and verbalized understanding and offered no reports of increased pain or decreased function.</p> <p>Please refer to d/c summary in chart for full details. Pt is in agreement with all above.</p> <p>D/c pt from PT this date. — <i>B. J. Byrd, PT, M.S., C.S.M.</i></p>	

Muhlenberg Hospital Center  
 7545 Schoenersville Road  
 Bethlehem, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES  
 SEQ# 1235 (5/91)

DATE:	PATIENT NAME: Vail, Kenneth	PATIENT I.D.# 64587400
15/10/00	S: Pt states, "I feel pretty good lets try to run".	
	O: Pt started off w jogging 27 yards on grass x 10 & 5 m sprints starts x 10. Pt then jogged ~ 1/2 of a mile (1 lap around outside parking lot) followed by the exe as outlined in sheet (C) handside of chart. Pt requested to shorten session 2 <sup>nd</sup> work time constraints and being on appointment <del>7</del> <sup>error 810</sup> <del>start</del> PT. Pt instructed to continue w HEP on own and use CP for (A) LE.	
	A: Pt continues w (B) LE glutes median weakness & (C) Trendelenburg gait & (A) leg stance during running. This deficit is not noticeable during normal gait. Pt also reported increased "bone" pain (A) LE & push off during sprints.	
	P: Continue w PT to increase LE ROM & strength. Start w running next session.	
	Addendum: Next visit is last approved visit per insurance. Will discuss w pt fitness center program.	Bj/Phy PT, MS, RN
12/20/00	S: Pt states, "I have Blue Cross insurance which should cover me through 11/00".	
	O: Pt started off w 1/4 mile jog in parking lot followed by side shuffling 6x30 yards in grass, followed by cariages 6x30 yards followed by skipping 4x30 yards. Pt then was instructed in and performed the exe as outlined in sheet (D) handside of chart. Pt finished w stretching (B) LE.	
	A: Pt tolerating all treatment well. Still w difficulty w push phase of running @ legs and skipping.	
	P: Continue w PT for ROM & strengthening focusing on running. Add jumps on leg press next session.	Bj/Phy PT, MS, RN
11/22/00	S: Pt states, "I was able to walk all over Lower Manhattan yesterday in 15 min. I have definitely made progress."	
	O: Pt started off w 2 laps around parking lot ~ 1/4 mile jog followed by LE cariages 6x30 yards in the grass pt then was instructed in and performed the exercise as outlined in the sheet (A) handside of chart. Pt instructed to attempt jumping rope and black + bend hip Home exercise on own. Pt verbalized understanding.	
	A: Pt tolerated all treatment well. Pt to be seen for 2 more visits then d/c.	
	P: Continue w PT for ROM & strength (A) hip for 2 more visits.	Bj/Phy PT, MS, RN

Muhlenberg Hospital Center  
2545 Schoenersville Road  
Allentown, PA 18017-7384

PHYSICAL THERAPY PROGRESS NOTES  
SEQ# 1235 (5/91)


☒ PHYSICAL ☐ OCCUPATIONAL ☐ SPEECH THERAPY

10/25/00

☐ Muhlenberg Hospital (Phone: 861-2251 / Fax: 882-2917)

☒ Pointe North Clinic (Phone: 861-4245 / Fax: 861-2595)

2545 Schoenersville Rd. • Bethlehem, PA 18017-7384

# PROGRESS REPORT / RECERTIFICATION / DISCHARGE SUMMARY

Patient Name	Account Number	Diagnosis	Medicare Recertification Period
Vail, Kenneth	6458740	(R) hip fx	10

Dear Dr. Reid

The above patient has been receiving therapy at Muhlenberg Hospital Center's Outpatient Rehabilitation Department.

The treatment program has included: modalities prn (HP CP) progressive resistive exercise to increase strength and ROM, and Home Exercise Program instruction.

and has occurred from 9/18/00 to 10/25/00. Total # of Treatments: 11 Cancellations: No Shows:

Current work status: N/A Full Duty Not Working X Modified Duty (Working from Home)

SUBJECTIVE / OBJECTIVE: MR. VAIL reports that he only has pain at end range of motion in (R) hip &amp; overpressure. Pt's (R) hip ROM is WNL except (+) Thomas test for (R) iliopsoas m. tightness and (R) IT Band tightness.

Strength: (R) hip mmt open chain 5/5. Functionally, pt. continues to a slight (+) Trendelenburg sign (R) hip &amp; single leg stance phase and initial contact phase of jogging.

Function: Pt has tolerated maintain biking off road and has begun jogging at 4.5 mph on a treadmill for 1 min. x 1 session. Pt is ambulating independently w/ an assistive device.

GOALS	New [N]	Unmet [U]	Met [M]	Target Date
Pt will tolerate 5 min of easy jogging & (-) Trendelenburg sign (R) hip & single leg stance.				2 wks
Pt will increase (R) iliopsoas m. and (R) IT Band ROM to WNL				2 wks
Pt will be independent & a Home Exercise Program and continue on & a fitness program				Ongoing

ASSESSMENT: Mr. Vail is a 42 y.o. WM s/p traumatic (R) hip fx. Pt has made significant progress &amp; ROM, mobility and strength. Will benefit from continued PT to maximize function.

PLAN OF CARE: Pt. will be seen by PT 2-3 x /wk for 2 more weeks for functional ROM and strength training and then will be discharged to a fitness program.

Sincerely, Brian J. Boyle PT, MS, CSCS (BRIAN J. BOYLE PT, MS, CSCS)

New Orders

Continue therapy for: D/C Hold

## PHYSICIAN CERTIFICATION / RECERTIFICATION

I have reviewed the plan of care and certify the need for the services described on the plan.

Physician Signature: Date:

PATIENT NAME:

PATIENT I.D.#

PENNSTATE

The Milton S. Hershey Medical Center  
The College of MedicineP.O. Box 850, Hershey, PA 17033-0850  
Phone: (717) 531-8521NAME: VAIL, KENNETH T  
MD: REID J SPENCE  
MR#: 1072398  
DOB: 11/16/1957  
INS: BLUE CROSS OUT OF  
LOC: ORT1  
OOS#: 1100385

MD#: 24204

SEX: M

VISIT DATE: 11/01/2000

PCS 22 600

WT

AGE

DATE

Label All Prescriptions  
Refill Times

☒ P.T. w/dpt 3x/wk  
Reconditioning ☒ H.p. Abd. str.  
PRE's  
Continue through Nov 2000

J. Spence Reid, M.D.

NAME (Please Print)

M.D./D.O.

MD 038406 E

LICENSE

D.E.A. REG. NO.

SUBSTITUTION PERMISSIBLE  
IN ORDER FOR A BRAND NAME  
PRODUCT TO BE DISPENSED, THE  
PRESCRIBER MUST HANDWRITE "BRAND  
NECESSARY" OR "BRAND MEDICALLY  
NECESSARY" IN THE SPACE BELOW.

M.D./D.O.

Muhlenberg Hospital Center  
2445 Schoenersville Road  
Hershey, PA 17033-7384

PHYSICAL THERAPY PROGRESS NOTES  
SEQ# 1235 (5/91)

PATIENT NAME: Vail, Kenneth

PATIENT I.D.# 64587470

S: Pt reports feeling as if he got a good workout today. "I will sleep good tonight"

O: Pt started on treadmill x 5 min followed by ex and stretches as per flow sheet. addition of slide board. Pt also assessed jogging on treadmill x 1 min. Demonstrated slight Trendelenburg gait on increased speed.

A: Pt tolerated all treatment well.

P: Cont. to progress ex as tolerated on addition of light jog on treadmill.

Deane L. Dwyer Sr / B.J. Byr / PT, MS, CSCS

6/00 S: Pt states, "I'm doing great!"

O: Pt started off on treadmill for 11 min total on 1.5 min walk then 30 sec run @ 4.7 mph and then walk and continuous cycle until time was up. Pt. then was instructed in and performed the ex as outlined in chart. Pt. finished on stretching and treadmill x 5 min.

A: Pt tolerated all treatment well. Did well on the running on the treadmill.

P: Continue on PT x 4 more weeks per new prescription 2x/week.

B.J. Byr / PT, MS, CSCS

6/00 S: Pt states, "I stood on my feet last night for ~3 hrs. so I am sure today, I really was not too sore from the last session."

O: Pt. started off on 1 min walking followed by 30 sec of jogging @ 4.7 mph repeated 3 times. Pt. then finished on 5 min of walking on treadmill. Pt. then instructed in and performed shortened workout as outlined in sheet (B) handside of chart. Reduced weight 5 reps as noted per Pt. request. Pt. finished on stretching Bk LE.

A: Pt. tired from last 2 days and unable to tolerate full session.

P: Continue on PT for (R) hip ROM & strengthening the ex

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6/13/02 S: Pt states, "I feel great today. Much better than I did last session!"

O: Pt started off on treadmill as follows 1 min walk, 1 min run @ 4.7 mph, 1 min walk, followed by 1 min run @ 4.9 mph, 1 min walk, 1 min run @ 5 mph, 1 min walk, 45 sec jog @ 4.9 mph, 1 min walk, 30 sec run @ 5.5 mph, 30 sec walk, 30 sec run @ 5.5 mph. Pt then performed the ex as outlined in sheet (B) handside of chart. Pt. finished on stretching per ex. Pt. instructed to continue on 4EP.

A: Pt. tolerated all treatment well. Progressing on running.

P: Next session start on sprinting outside and jumping rope

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PHYSICAL THERAPY PROGRESS NOTES  
SEQ# 1235 (5/91)

PATIENT I.D.# 64587470

DATE	PATIENT NAME: Vail, Kenneth	PATIENT I.D.# 64587470
9/18/02	Pt was seen by PT for initial examination. Please refer to consult for details. — <i>B. J. B. PT, MS, CNS</i>	
9/20/02	<p>S: Pt states, "I have had no problems in my home exercise program."</p> <p>O: Pt started off in MHP to (R) hip in sidelying in pillow between his knees x 15 min.</p> <p>Pt ambulating (L) in spec and antalgic gait (R) LE. Pt was instructed in and performed the ex as outlined in sheet (1) handside of chart. Pt instructed to continue in one leg stance and abdominal work at home. Pt requested to ice (R) knee.</p> <p>A: Pt tolerated all treatment well. Should progress quickly once ROM is normal to walk.</p> <p>P: Continue in PT for (R) hip the ex to increase ROM &amp; strength — <i>B. J. B. PT, MS, CNS</i></p>	
9/25/02	<p>S: Pt states, "I haven't had any problems and I notice things are getting a lot easier."</p> <p>O: Pt ambulating in decreased antalgic gait (R) LE in spec. Pt started off in treadmill x 10 min followed by the ex as outlined in sheet (1) handside of chart.</p> <p>Pt requested to ice (R) knee. Pt provided in black threshold.</p> <p>A: Pt progressing well. Increased ROM and strength (R) LE.</p> <p>P: Continue in PT to increase ROM and strength (R) LE slip ORIF (R) knee — <i>B. J. B. PT, MS, CNS</i></p>	
9/27/02	<p>S: Pt states, "I am feeling better every day." No reported problems. Pt reports riding his bike on the roads.</p> <p>O: Pt started off in treadmill x 10 min followed by flexing the ex and strength the ex as outlined in sheet (1) handside of chart. Pt finished in 10 min on stationary bike.</p> <p>A: Pt tolerated all treatment well. Progressing in all outcomes.</p> <p>P: Continue in PT for (R) hip to increase ROM &amp; strength — <i>B. J. B. PT, MS, CNS</i></p>	
10/2/02	<p>S: Pt reports no problems &amp; that he feels better daily.</p> <p>O: Pt started off in stationary bike x 10 min followed by the ex as outlined in the sheet (1) handside of chart. Pt finished in treadmill x 10 min. Instructed pt to continue in HEP on own.</p> <p>A: Pt tolerated all treatment well. Making progress toward all goals.</p> <p>P: Continue in PT for strength and ROM — <i>B. J. B. PT, MS, CNS</i></p>	
10/14/02	<p>S: Pt reports "I notice a difference every day."</p> <p>O: Pt ambulating (L) in spec this session in only mild antalgic gait. Pt started off in treadmill x 10 min followed by the ex as outlined in sheet (1) handside of chart. Pt finished in bike x 10 min.</p> <p>A: Pt tolerated all treatment well. With progress the ex program next session.</p> <p>P: Continue in PT to increase ROM &amp; strength (R) LE — <i>B. J. B. PT, MS, CNS</i></p>	

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PHYSICAL THERAPY PROGRESS NOTES  
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